USER NAME:	AGENCY NAME:	
USER RESPONSI	BILITY & CODE OF ETHICS AGREEMENT	
	you access to the GetCare Tools. Failure to uphold the confidentiality ands for immediate access termination from the GetCare Tools.	
secure. My User ID and my Agency's Program A and Password only for t Administrator will at no	I agree to take all reasonable measures to keep my User ID and Password Password are for my use only and may not be shared with anyone other that Administrator. I understand that the Program Administrator will use my ID raining, problem identification and problem resolution purposes. The Program use it for client data entry or access to client-level data outside of ibilities as a Program Administrator.	
the GetCare Tools are a understand that I may v perform my job. I agree including but not limite <i>Use and Exchange Info.</i>	ent Data I understand that the only individuals who can view information in athorized users and the clients to whom the information pertains. I further ew, obtain, disclose, or use only the client information that is necessary to a to follow Agency protocol in collecting and sharing client information of the to securing a signed <i>Commonwealth of Virginia Uniform Authorization to tomation</i> form for every client prior to sharing client-specific data outside of no operated services. I will diligently record all restrictions requested by the client information.	ny
left unattended. If I am located, I must log-off (<u>Unattended</u> A computer that has GetCare "open and running" shall never be logged into GetCare and must leave the work area where the computer is GetCare before leaving the work area. Failure to log-off GetCare appropriate a client confidentiality and system security.	
agency protocol in orde	copies of GetCare information must be stored and/or disposed of according to maintain security of client information at all times. I have been trained in the ee to follow protocol when handling hard copies of client data.	
accurately as possible for	l complete all necessary information in GetCare as comprehensively and or program purposes only. I will not knowingly enter false or misleading ion that contains profane or offensive language under any circumstances.	
	ng If I notice or suspect a security breach, I agree to immediately notify my inistrator or the GetCare System Administrator.	7
o maintain high standar	viders with respect, trust, fairness and good faith. ds of professional conduct when communicating with other GetCare users. other GetCare users with full professional consideration.	
understand and agree to comply v	Care Tools, I have been instructed on security guidelines outlined above. I with all of the guidelines above and am aware that if I do not follow the security breach in security and my access to GetCare will be terminated.	ity

GetCare User Signature _____

Supervisor_____

Agency Program Administrator

Date _____

Date_____

Date _____